

the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>142</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>567</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. <u>Miami Inspiration Hospital</u> St. _____ Ward) _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Virginia Kyle Smith</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, <u>first</u> of _____	5. No., in order of birth <u>2</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>November 21, 1922</u>	(Month, day, year)
8. Full name <u>Oliver Henry Smith</u>		14. Full maiden name <u>Anna Margaret Early</u>	
9. Residence <u>Miami, Arizona</u>		15. Residence <u>Miami, Arizona</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>White</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Patagonia, Arizona</u>	(State or country)	18. Birthplace (city or place) <u>Alaska</u>	(State or country)
13. Occupation <u>Bookkeeper for Copper Company</u>	Nature of Industry	19. Occupation <u>Housewife</u>	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8:10 A.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. J. Miller</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address _____	
528-1121-158		Registrar.	
Filed <u>11/30/22</u> , 19 <u>22</u>		B. V. Hardy by C. E. Dini	
Filed <u>12/5</u> , 19 <u>22</u>		B. G. Dini	
		Local Registrar.	
		County Registrar.	